

Water Compliance Inspection Report

Section A: National Data Coding (i.e., PCS)

Transaction	Code	NPDES	yr / mo / dy	Inspection Type	Inspector	FacType														
1	N	2	5	3	S O P - 0 9 0 4 4	1 0 1 2 0 9 17	18	=	19	S	20	3								
Remarks																				
21	E	A	G	L	E	V	I	E	W	F	A	R	M	C	L	A	S	S	I	66
Inspection Work Days		Facility Self-Monitoring Evaluation Rating				BI	QA	Reserved												
67	0	0	1	69	70	4	71	N	72	N	73		74	75					80	

Section B: Facility Data

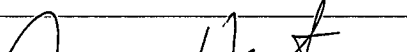
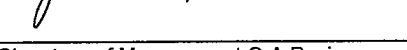
Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Eagle View Farm 926 Charlie Melton Road Allons, TN 38541		Entry Time / Date 10:00/9 Dec 10	Permit Effective Date 3 NOV 04
		Exit Time / Date 12:00/9 Dec 10	Permit Expiration Date 1 OCT 09
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) David Jones 931-403-1797 Fax:		Other Facility Data (e.g., SIC NAICS, and other descriptive information) Receiving Stream: Dale Hollow Reservoir (Obey River at BM 682) 6 Poultry Houses	
Name, Address of Responsible Official/Title/Phone and Fax Number David Jones 926 Charlie Melton Road Allons, TN 38541		No Water Quality Issues Permit and CNMP On-site Third Party Transfer Records On-site Litter and Soil Analysis Current Records were Very Orderly	

<input checked="" type="checkbox"/>	Permit (Draft)	<input checked="" type="checkbox"/>	Self-monitoring Program	<input type="checkbox"/>	Pretreatment Program	<input type="checkbox"/>	MS4
<input checked="" type="checkbox"/>	Records / Reports	<input type="checkbox"/>	Compliance Schedule	<input type="checkbox"/>	Pollution Prevention		
<input checked="" type="checkbox"/>	Facility Site Review	<input type="checkbox"/>	Laboratory	<input type="checkbox"/>	Storm Water		
<input type="checkbox"/>	Effluent / Receiving Waters	<input checked="" type="checkbox"/>	Operation & Maintenance	<input type="checkbox"/>	Combined Sewer Overflow		
<input type="checkbox"/>	Flow Measurement	<input type="checkbox"/>	Sludge Handling / Disposal	<input type="checkbox"/>	Sanitary Sewer Overflow		

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

[illegible]

Name (s) and Signature(s) of Inspector(s) James Hartman 	Agency / Office / Phone and Fax Numbers Tennessee Division of Water Pollution Control Cookeville Environmental Field Office	Date 21 Dec 10
Signature of Management Q A Reviewer Robert Howard 	Agency / Office / Phone and Fax Numbers Tennessee Division of Water Pollution Control Cookeville Environmental Field Office	Date 21 Dec 10